

Rate Development, Risk Adjustment and Funding for Persons Receiving Community Support Program (CSP) or Targeted Case Management (TCM) Services

County Matched Services

- The covered services under this contract may include the Medicaid funded services under Community Support Programs and/or Targeted Case Management.

Calculation of Payment Rate for County and Federal Share of County Matched Services

- Payment rates under this contract will be determined based on inclusion of an actuarially sound estimate of the total Medicaid allowable cost of these services for the population used to calculate rates.
- The estimate of allowable cost will include both Federal Financial Participation (FFP) and funding of the required matching funds previously provided by Dane County.

Satisfaction of County Funding Obligation for CSP and TCM for Persons Enrolled in Care Management Organization

- In order to reflect inclusion of required State or Local matching funds through the monthly capitation rates, the Department will adjust Dane County's Basic County Allocation amount to reflect the amount Dane County would have funded in the absence of the managed care program.
- The Basic County Allocation adjustment will be made every six months with the first adjustment based on an estimate of the number of CSP and TCM eligible persons to enroll in the managed care program. The final adjustment will be made three months following the close of the contract period based on the prior six month period of enrollment.
- County funding obligation is only for persons enrolled who are receiving or have received CSP or TCM services within three month of enrolling into the care management organization.

Obligation of Care Management Organization to Provide CSP and TCM Services

- The Community Living Alliance, (the Care Management Organization) assumes full liability for the cost and provisions of CSP and TCM services for enrollees in their program.

Retrospective Case-Mix Reconciliation.

- The reconciliation will also reflect and adjust for any material difference in intensity of CSP and TCM services between the population enrolled in the managed care program and the remaining county equivalent population.
- Intensity of services will be measured using a mutually agreed upon risk adjustment system (e.g. Chronic Illness and Disability Payment System).
- Any additional payment that is due to the care management organization, or that is owed to the county, resulting from the above adjustments, will be limited by the amount that would have been allowed under the Fee-For-Service payment system.